


01-*R*-0169

Entered - 2-24-99 - sb
CL99L0192 - ALEXIS HOLMES

CLAIM OF: **DARRELL P. REMOLE**
110 Ridgepointe Drive
Cold Spring, Kentucky 41076-9090

For damages alleged to have been sustained as a result of stepping
onto a manhole on February 24, 1999 under the I-75 overpass
on Collier Road.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0192

Date: 1/29/01

Claimant /Victim DARRELL P. REMOLE

BY: (Atty) _____

Address: 110 Ridgepoint, Cold Spring, Kentucky 41076-9090

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ 2,949.72

Date of Notice: 3/22/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/24/99 Place: Under I-75 overpass on sidewalk on Collier Road

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained injuries when he stepped onto a manhole cover on the sidewalk and it flipped up and caused severe injury to his right leg. However, an investigation determined that the manhole in question was installed by the Georgia Department of Transportation and is their responsibility, not the responsibility of the City of Atlanta. Further, the claimant has been advised to pursue his claim with the Georgia Department of Transportation.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written X Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

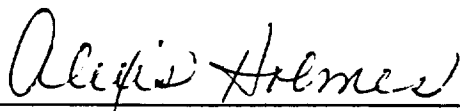
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-01-01

Committee Action: _____ Council Action _____

RECEIVED
MAR 22

JORDAN
03/24/99
DM

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 03-04-99

03-22-99P05:04 RCVD

Dear Municipal Clerk:

ENTERED - 3-29-99 - SB
99L0192 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property
and/or \$ 1637.59 bodily injury for which I contend the City is liable.

1. Date of incident: 02-24-99 2. Time of Incident: 1950 3. Police called: X Yes No
(month/day/year) ZONE 2 OFFICER KRAYES SAT CHAMBER 404-848-7231

4. Location of incident (including street address): UNDER I-75 OVERPASS ON SIDEWALK ON COLLIER ROAD

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: ON OR ABOUT 1950 HOUR, I WAS RUNNING ON
COLLIER ROAD WHEN I STEPPED ONTO A MANHOLE COVER ON THE
SIDEWALK. THE MANHOLE COVER FLIPPED UP AND I WENT DOWN
CAUSING SEVERE INJURY TO MY RIGHT LEG.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2)
estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by
State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Darrell P. Remole
Signature of Claimant
Darrell P. Remole

Darrell P. Remole

Print Claimant's Name)

110 Ridgpointe Drive

Address)

Cold Spring, Kentucky 41076-9090

(City, State and Zip Code)

(513) 562-8220

(606) 572-9188

(Work Number)

(Home Number)

01-R-0169